

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
PFC DETERMINATION			
OLP.E. CLASSIFIER	PN	32	4/12
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	MB	SC 906	05/10/01

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 o _____ Allowed I _____ Interference
 - (Through numbers) Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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If more than 150 claims or 10 actions
 staple additional sheet here

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